



Gloucestershire County Council

EDUCATION COMMITTEE

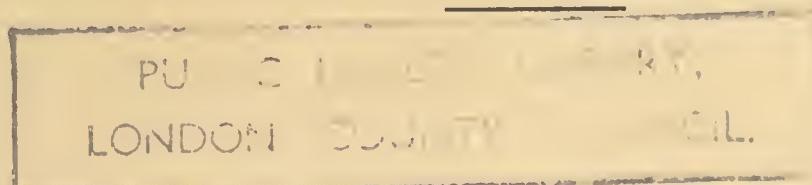
Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1960



GEO. F. BRAMLEY

Principal School Medical Officer

SEEN BY THE
MEDICAL OFFICER



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15 NOV 1961

STAFF

As at 31st December, 1960

PRINCIPAL SCHOOL MEDICAL OFFICER
G. F. BRAMLEY, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER
W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

SENIOR ASSISTANT COUNTY MEDICAL OFFICER AND SCHOOL MEDICAL OFFICER
J. J. MCKENNY, M.B., B.Ch., B.A.O., D.(Obst.) R.C.O.G., D.P.H., D.T.M.
& Hy.

ASSISTANT COUNTY MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS
KATHERINE E. M. ALLEN, M.A., M.R.C.S., L.R.C.P.
MARGARET D. CAMERON, M.B., Ch.B., D.P.H.
SHEILA M. E. GREW, M.R.C.S., L.R.C.P.
M. J. GRYSPERDT, M.B., B.S., D.P.H.
CATHERINE E. HIGNELL, M.R.C.S., L.R.C.P.
JEAN N. MOORE, M.B., B.S.
BASIL NICHOLSON, M.B., B.S., D.T.M. Hy., D.P.H.
MARY P. S. SEACOME, M.A., B.M., B.Ch.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER
T. O. P. D. LAWSON, M.D., D.P.H., D.R.C.O.G.

ASSISTANT MEDICAL OFFICERS AND SCHOOL MEDICAL OFFICERS
D. E. CLARE, M.B., B.S., D.P.H.
BRENDA G. KING, M.B., B.S.

PRINCIPAL SCHOOL DENTAL OFFICER
J. F. A. SMYTH, L.D.S.

AREA DENTAL OFFICER
J. P. B. PENGELLY, L.D.S.

ORTHODONTISTS
G. D. EVERARD, L.D.S.
MRS J. M. POPPLEWELL, L.D.S. (part-time)

DENTAL OFFICERS
MRS M. E. BELL, L.D.S. (part-time)
P. E. BIRKETT, B.D.S. (part-time)
J. B. CROWTHER, L.D.S. (part-time)
D. N. DE GRUYTHER, L.D.S.
W. M. ELLIS, L.D.S.
A. J. LANE, L.D.S.
MRS I. M. LEACH, L.D.S. (part-time)
MRS M. J. LEECH, L.D.S. (part-time)
J. A. MACPHAIL
A. W. McCARTHY, L.D.S.
MRS M. J. MCKENNY, B.D.S. (part-time)

Cheltenham
Excepted
District

DENTAL OFFICERS—*contd.*

W. RICHARDS, L.D.S. (part-time)
MRS D. W. SQUIRES, L.D.S.
D. A. THOMAS, L.D.S.
G. N. WILLETTS, L.D.S.

DENTAL HYGIENIST

MRS W. E. JUDD

DENTAL HEALTH EDUCATION OFFICER
MISS M. D. RYLEY

DENTAL ATTENDANTS—25 (equivalent of 13.5 full-time attendants)

CHILD GUIDANCE

PSYCHIATRISTS—P. R. DOHERTY, M.B., B.Ch., D.P.M. (part-time, Regional Hospital Board)

K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time)

PSYCHOLOGISTS—MRS E. A. MESSEY, M.A.

MRS D. M. RIDLEY, B.A.

D. D. WOODWARD, B.A.

PSYCHIATRIC SOCIAL WORKERS—MISS D. HILL, B.A.

MRS B. K. DEARNLEY

SOCIAL WORKER—MISS M. M. P. GILBERT

HEALTH VISITORS AND SCHOOL NURSES

MISS E. K. N. CUMMING (Superintendent)

MISS F. FORTNAM (Deputy Superintendent)

109 HEALTH VISITORS (Equivalent of 30 School Nurses)

SCHOOL NURSES—3 (Cheltenham Excepted District)

SPEECH THERAPISTS—4

ORTHOPAEDIC AFTER-CARE SISTERS—5 (1 part-time)

EAR, NOSE AND THROAT SURGEONS—4

OPHTHALMIC SURGEONS—6

ORTHOPAEDIC SURGEONS—4

} part-time, Regional Hospital Board

ADMINISTRATIVE STAFF

F. B. WILTON

W. ROBERTS

STATISTICS OF THE COUNTY

AREA (in acres)	URBAN	24,179
	RURAL	749,131
		773,310
POPULATION—R.G. Estimate Mid. 1960		
	URBAN	162,610
	RURAL	319,120
		481,730

NUMBER OF SCHOOLS AND CHILDREN IN ATTENDANCE

COUNTY (excluding Cheltenham), January, 1961.

				No. of Schools	No. on Registers
I. PRIMARY					
County	...	...	...	129	21,609
Voluntary	...	...	...	204	16,067
Special	...	...	...	5	388
Nursery	...	...	...	1	39
				339	38,103
2. SECONDARY					
Grammar	...	...	...	15	6,701
Grammar/Modern	...	...	...	2	1,047
Grammar/Technical	...	...	...	2	943
Technical	...	...	...	3	1,306
Modern	...	...	...	38	15,032
				60	25,029
				399	63,132
CHEL滕HAM EXCEPTED DISTRICT					
I. PRIMARY	...	...	...	25	6,773
SPECIAL	...	...	...	1	90
				26	6,863
2. SECONDARY	...				
Grammar and Technical	...	...	...	3	2,125
Modern	...	...	...	8	2,760
				11	4,885
Gloucestershire Grand Total		...		436	74,880

HEALTH DEPARTMENT,
BERKELEY CHAMBERS,
BERKELEY STREET,
GLOUCESTER

May, 1961

To the Chairman and Members of the
Education Committee

SIR, LADIES AND GENTLEMEN,

SCHOOL MEDICAL INSPECTION

The total number of periodic medical inspections was again slightly fewer than the previous year but the total number, including special examinations and re-inspections, was higher than in 1959. Poliomyelitis vaccination again interfered with the time available for medical examinations, but the majority of children had by the end of the year received the third injection. The establishment of medical officers was increased by one during the year but unfortunately there were no suitable applicants. One of the posts was up-graded to Senior Medical Officer but was not filled by the end of the year. This was done in order that the Deputy Principal School Medical Officer could be released of some School Health work and deal with the increasing Mental Health responsibilities of the Council. The Education Authority has its part to play, mainly through the School Health Service, in the "new look" on Mental Health, through the Child Guidance Service which is referred to later. (*See Tables 1a and 1b, pages 18 and 19.*)

Findings at Medical Inspections

There were certain variations in the incidence of the recorded defects but no special comment is called for, particularly as the defects are in general of the same variety and proportion as before. (*See Tables 2a, 2b and 2c, page 19.*)

Height and Weight Survey

There are no significant differences from the previous year. (*See Table 3, page 20.*)

Physical Condition

Only 99 children were classed as unsatisfactory ; 0.53 per cent compared with 0.56 per cent in 1959.

Verminous Children

Although 5,000 more examinations were made in 1960 (93,278 altogether), only 642 children were found to be infested. This was 70 less than in 1959. At rather less than a third of all the schools is it now considered necessary to do terminal hygiene inspections.

Hygiene of School Premises

Four hundred and eighteen reports on sanitary conditions in schools have been made by School Medical Officers and the defects have been brought to the notice of the Chief Education Officer. Following consideration of the annual report for 1959, I prepared a special report which was considered by the appropriate Sub-Committee. The report referred to 60 schools, in a quarter of which I considered the conditions bad having regard to present day standards. A third had defects which were not serious but required some action at a fairly early date. It was interesting to note that in respect of the worst of the schools, the majority had already been considered as requiring some

urgent work if the schools were to continue to be used. The review has helped the Committee to plan its expenditure on minor capital works dealing with sanitary defects, and it is hoped that within the next two or three years the defects will all have been remedied.

School Swimming Baths

Twelve schools now each have a swimming bath, mainly provided through Parent/Teacher Associations. The plans have all been considered in my Department. Automatic filtration, chlorination and recirculating plants have been advised and in some instances have been provided. Mostly, however, hand chlorination procedure is undertaken with the advice and frequent inspection of the County Public Health Officer, and samples of the water are submitted each two weeks to the County Analyst. The County Analyst has been helpful and has visited some of the swimming pools, so that additional advice has been available to the Head Teachers on chlorination, taking of samples and keeping of log books which record the chlorine dosage and residual chlorine figures. Instructions for chlorination of water have been issued to schools with swimming pools.

After-Care and Follow-Up of Defects

This has continued as in the previous years.

Health Education

This has continued as in previous years. Thirteen Health Visitors received direct requests for talks in schools, in addition to talks on Dental Health and lectures to Parent/Teachers Associations by Medical Officers.

Sweep Testing of Hearing

Three hundred and fifty-nine County schools and 19 Cheltenham schools were visited and 7,000 children in their seventh year of age were tested. 1,413 needed a retest but only 105 of these were sent on to the School Medical Officer : 42 of these were referred to the Ear, Nose and Throat Surgeons, 37 to their own Doctors, 26 being already under treatment. Only 8 of the 42 sent to the Ear, Nose and Throat Surgeons did not require treatment.

Deaf and Hard of Hearing Children attending Ordinary Schools

The Peripatetic Teacher of the Deaf has continued to give instruction in auditory training, speech improvement and remedial work at six centres. Of 150 children attending 106 schools, 109 have hearing aids. During the year hearing aids were withdrawn from 4 children after the teacher of the deaf had reported an improvement in hearing. Regular visits have been made to all schools to discuss the progress and problems of partially deaf children. All the children taught regularly would benefit from extra help but this will not be possible until a second teacher is appointed in January, 1961.

Forty-eight children between the ages of 2 and 16 were seen at the Hearing Aid Clinic during the year. Of these 18 were fitted with Hearing Aids. The Government transistor aid has not been as efficient as would have been desirable, the plastic cases being easily broken, and the peak clipping does not give the same performance as does the A.V.C. now fitted to most commercial aids. Twenty-three children in the county are wearing commercial aids because they cannot benefit from the Government transistor, and the Committee continue to purchase on Otologist's recommendation.

Four children have left deaf and physically handicapped schools during the year and all have been placed in employment. Employment of these children is very much a combined operation between missionaries, welfare officers, parents and the Ministry of

Labour. One congenitally deaf girl transferred from deaf school at the age of 15 to the North Gloucestershire Technical College, took a 2 year domestic science course and was accepted at Battledown Children's Hospital as a trainee nursing auxiliary. Another congenitally deaf girl completed a copy typist's course at the North Gloucestershire Technical College and is now employed as such.

TREATMENT SERVICES

Minor Ailments

Need for treatment continues to be very small and sessions are only held at the clinics in Cheltenham, Gloucester, Soundwell and Stroud. The total attendances between all five centres was only 1,763, about the same as last year.

Orthopaedic Clinics

No changes have occurred in the arrangements of the work of the Orthopaedic After-Care Sisters. (*See Table 4, page 20.*)

Speech Therapy

This scheme was also as in the previous year, but following the resignation of the Speech Therapist in the South of the County from 31st August, her post has remained unfilled. There is an overall shortage of speech therapists and there have been no applicants for the advertised vacancy. (*See Table 5, page 21.*)

HANDICAPPED PUPILS

Educationally Subnormal

Table 6, page 22, shows the number of children specially examined during the year as possibly requiring special educational treatment as educationally subnormal children. In 1960 a hundred more children were examined than in any previous year except 1954. There is an increase in those referred as requiring a Day Special School, but the largest increase from 130 to 246 in 1960 is in those requiring special educational treatment in an ordinary school. Both these figures would appear to indicate that the additional provision of Day Special Schools in the County and the work of the Remedial Advisory Teacher have caused the Head Teachers to refer more children to the School Health Service for ascertainment. This is also associated with the appointment of Peripatetic Teachers, who give special educational treatment in Primary Schools.

The average number of children (34-37) over the past four years, found to be ineducable is 10 or more lower than in the previous six years, but in those years (the early 50's) a large number of those children found to be ineducable were 10 or more years old. Now the position is that more younger children are referred to us and we are not now dealing with children who have been kept at school for several years although ineducable. All this is associated with the greater interest now being taken in placing a child in his proper sphere for education or training.

Two hundred and ninety-two children were newly assessed as requiring special educational treatment and 155 newly placed in special schools. 389 were on the registers of maintained schools as day pupils, 134 as boarders, mainly in either Coln House or Amberley Ridge, and 14 boarders in non-maintained schools ; 16 were in independent schools under arrangements made by the Committee ; 2 with a multiple handicap were taught at home ; 295 children were requiring places in day special schools and 153 in boarding schools.

Physically Handicapped

Three children were newly assessed and eight were newly placed in boarding schools. Only 3 children were awaiting places and in the case of 2 of these the parents had refused offered places.

Speech Defects

One child was assessed as needing special educational treatment in a boarding school and a place was found and taken up.

Epileptics

Only 8 epileptic children are in special schools (boarding). 200 children with epilepsy are known in the School Health Service and are attending ordinary schools.

Maladjusted Children

Twenty-one children are in boarding special schools but of these only 2 are in maintained schools.

Delicate

Of the 45 children in this category, 17 were in hospital and 22 in special schools.

Blind

One child was newly assessed as blind, 9 were in boarding schools. One child was awaiting admission.

Partially Sighted

One child was newly assessed, 2 were attending a day special school in Bristol and fifteen were in boarding special schools.

Deaf

There were 27 children in special schools, four less than in the previous year.

Partially Deaf

Eleven were in boarding special schools and 2 were attending a day special school. None were newly assessed during the year.

Home Tuition

At the end of 1960, 32 children were on home tuition. One of these was delicate, 26 physically handicapped, 2 educationally subnormal, and 3 maladjusted. This instruction by peripatetic teachers is of the utmost benefit to children prevented by physical handicaps or prolonged illness from attending school.

Hospital Tuition

Sixty-nine children were patients in hospital special schools during the year and 19 short stay patients received help from home teachers.

CHILD GUIDANCE SERVICE

Cheltenham, Gloucester and North County Child Guidance Clinics

The Regional Hospital Board appointed a whole time Consultant in Child Psychiatry who gives the major part of his time to Child Guidance. Dr P. R. Doherty commenced duty on 1st June and by the end of the year the long waiting list had been substantially reduced. (*See Table 7, pages 22 to 24*).

South Gloucestershire Child Guidance Clinics

For a long period there was no social worker but more cases were dealt with. (*See Table 8, pages 24 and 25*).

MILK IN SCHOOLS

The number of departments receiving pasteurised milk was 472. Three had a raw tuberculin tested supply compared with 5 in 1959.

Eight hundred and twenty-four pasteurised and 8 tuberculin tested milk samples were taken and 4 pasteurised and 1 tuberculin tested samples failed the prescribed tests. All raw milk samples were submitted for biological examination.

The percentage of children taking milk at all schools was 73.6 per cent, the highest was 88.1 per cent in the primary schools and lowest 53.3 per cent in the secondary schools. These percentages show a fall from 1959 when 76.6 per cent of all children were taking milk (89.9 per cent in Primary and 57.3 per cent in Secondary Schools).

SCHOOL MEALS SERVICE

The number of meals increased from 8,240,000 to 8,500,000. Approximately 42,500 meals were served each school day. The percentage of school children taking meals increased by 1.1 per cent to 58.9 per cent. The percentage of children receiving free meals was 5.1 per cent.

At the end of the year there were 270 self-contained canteens, 135 dining rooms and 7 central kitchens.

TUBERCULOSIS

When any notification is received that a school child or a member of the teaching or non-teaching staff is suffering from pulmonary tuberculosis, there is immediate consultation with the Consultant Chest Physician concerned. The same procedure has always been adopted, namely that arrangements are made for members of the staff in contact to have a chest X-ray, usually through the Miniature Mass Radiography Service, and children are tuberculin tested. Those who are positive have a chest X-ray and in particular cases are reviewed after four months.

Only once in previous years have further cases or contact cases been discovered.

In February notification was received that three children attending a new Secondary Modern School were suffering from tuberculosis and the routine arrangements were put in hand. Before the staff and children were actually examined, however, a notification was received that a 14 year old boy from the same school had been admitted to hospital with an infectious adult type of pulmonary tuberculosis. This boy's mother died during his infancy from pulmonary tuberculosis and he had spent short periods within the past six months with a relative who suffered from a chronic chest ailment, only recently diagnosed as pulmonary tuberculosis. To investigate all the school and out of school activity contacts, including contacts of the cases first brought to our notice, entailed not only investigation of all the staff and children at the Secondary Modern School, but reference to an Outward Bound School and a group of cadets. The children to be investigated covered a period from the previous Autumn term to the Spring term. The total number was 601 children. One hundred and sixteen of these children had previously received B.C.G. vaccination. The majority had been done at the school in July, 1959. As a result of the examinations, three-quarters of the children aged 14 who had not previously had B.C.G. vaccination were found to be tuberculin positive, which inferred that a much higher proportion of children of this age than was usually found in a Secondary Modern School had received a degree of infection.

The highly unusual feature is that as a result of investigations 45 cases of active tuberculosis were discovered, excluding the possible source case. Of others who were examined outside the County School, 8 cases were discovered, including 2 adults. It is possible that all these cases were associated with the infectious boy, but at the school in question there is an unusual position in that a large number of the children live in a housing estate belonging to an Authority outside the County, where it appeared that a higher proportion than usual of tuberculous families had been rehoused. This may, of course, have some bearing on the high proportion of children where the test revealed that they had met tuberculous infection.

In only 15 cases was admission to hospital necessary. All except two had treatment. Twenty-eight children continued to attend school whilst under drug treatment.

One of the children has since died but this was due not to tuberculosis but another disease not associated with this infection. The children under treatment are responding satisfactorily. In the majority the infection would not have come to notice except for tuberculin testing and X-ray examination laid on at the time. No members of the staff developed the disease and it is pleasing to note that all 39 members of the staff, including the 26 teachers, attended for X-ray examination immediately an appointment was given.

Of the 116 children whose parents had accepted B.C.G. vaccination for them in the previous summer, only two were found to develop the disease.

The chief points that arise are :

- (1) The value of B.C.G. vaccination.
- (2) The possibility of further outbreaks of this kind unless the resistance to the disease is kept up by B.C.G. vaccination, as the sources nowadays of acquiring a natural immunity are becoming less and less.

Mass X-ray Examinations

This is no longer a routine procedure for school children. (*See Table 9, pages 25 and 26.*)

INFECTIOUS DISEASES

Table 10, page 26. The figures are below the usual trends but it must be remembered that they are not based on a weekly return as these are not required unless the Head Teacher has any special absenteeism due to illness to bring to our attention. The number suffering from tuberculosis is dealt with earlier in the report. The small number suffering from colds, etc. is in the main an indication of the relatively low winter infection of the early part of the year.

Food Poisoning

Fifty-four boys and 35 girls were notified as suffering from food poisoning. In no instance was the illness associated with a school meal. The illness was usually mild and associated with other cases in the family or district.

Poliomyelitis

There was one case of paralytic poliomyelitis during the year.

Poliomyelitis Vaccination

Nine thousand and eighteen children aged 6 months to 17 years received their first course of poliomyelitis vaccine, making a total of 105,285 vaccinated in this group since the scheme for this prophylactic procedure began in 1956. At the end of the year 280 children were awaiting their first inoculation. Third injections were provided and by the end of 1960, 130,136 persons had been given this reinforcement. The response among

school children has been very high and I am grateful for the assistance given by teachers and to their tolerance of the frequent interruptions in their teaching programme which this undertaking has entailed.

Diphtheria Immunisation

During the year 1953 children were immunised for the first time and 8,041 received maintenance doses. These figures compare with 1959, when 1,294 first injections and 11,231 reinforcing injections were given. The percentage of children aged 5 to 14 who had been protected was 83.1 per cent (77.5 per cent in 1959). The percentage whose course had been completed within the preceding 5 years increased to 46.9 per cent from 40.2 per cent.

B.C.G. Vaccination

The procedure described in my Annual Reports for the years 1955 and 1958 has continued. Table 11, page 27 gives details of the results during the last three years. The "grand total" refers to all children who have been tested since the scheme was extended to 13 year olds in October, 1954.

The acceptance rate of 73.8 per cent could very well be improved, particularly because of the valuable protection afforded at a time when children will be leaving school and thus be exposed to the risk of infection with pulmonary tuberculosis.

We continued to participate in the Oxford Regional Hospital Board's survey on B.C.G. vaccination.

RECUPERATIVE HOLIDAY HOMES

Thirty children were admitted to Recuperative Holiday Homes, normally for minimum periods of four weeks.

EMPLOYMENT OF SCHOOL CHILDREN

One child on medical examination was found to be unfit and 225 certificates of fitness for part-time employment were issued, compared with 126 in 1959.

CHEL滕HAM EXCEPTED DISTRICT

A report by Dr T. O. P. D. Lawson of work carried out by the School Health Services in Cheltenham is given on page 12.

DENTAL REPORT (*Pages 13 to 18*)

Mr Smyth's report on the Dental Service is a review of the basic difficulties besetting this priority service and how, with his advice and earnest labours, the difficulties are being met. Although we need urgently to obtain a 50 per cent increase in our present dental staff, a change in the dietary habits of children and to have public water supplies with added fluoride as they have chlorine, I believe that in this county we are not now losing ground in the battle against the post war increase in carious teeth. Your School Dental Service is well aware of its task and is most active.

Once again I have pleasure in thanking the Committee, the Education Department, Head Teachers and their staff and all the members of the School Health Service for their help and co-operation.

I am,

Your obedient Servant,

GEO. F. BRAMLEY,

Principal School Medical Officer.

REPORT OF SCHOOL HEALTH SERVICE FOR CHELTENHAM EXCEPTED DISTRICT, 1960

Dr T. O. P. D. Lawson, School Medical Officer

The staff of the Cheltenham School Medical Department includes two school Doctors and three School Nurses, who carry out the duties under the Borough School Medical Officer.

(1) *Medical Inspection at the Schools*

All children admitted to the Infants Schools are examined for defects during their first year at school and full examinations are also made during the year in which they are 8 years old, after entry to a secondary school when they are 12 years and in the last year of their attendance at a secondary school.

In addition, older pupils, are examined before they leave school at the higher age groups in Pates Grammar School for Girls, the Boys' Grammar School and the Technical High School.

Parents are invited to be present at these examinations and if defects are found the children are referred to the family doctor and are re-inspected at school two or three times during the year if necessary.

(2) *School Clinic and Treatments.*

MINOR AILMENTS. The Central Clinic at the Municipal Offices (Royal Well Road entrance) is open on the afternoons of Monday, Wednesday and Friday and on Saturday morning for children brought by parents or referred by teachers for the treatment of abrasions, skin diseases, ringworm, etc. The School Doctors supervise the treatments and, when desired, examine children brought by parents.

Additional clinics are held at Whaddon School on Tuesday afternoons, at Elmfield School on Thursday afternoons, at Lynworth School on Monday afternoons and a clinic is also held at St Paul's School once a week. During the school holidays clinics are held each morning during the week at the Municipal Offices. Poliomyelitis Vaccination and Diphtheria Immunisation sessions are held at the Clinic each month.

(3) *Prevention of Tuberculosis*

B.C.G. Vaccination was commenced in 1954 and has become a component part of the School Health Service. Although the effectiveness of this form of vaccination had been established, it has never been as popular as other prophylactic measures. Vaccination is now being extended to include children over the age of 14 years.

(4) *Ascertainment of Educationally Sub-Normal Children*

Excellent co-operation has been maintained with the Day Special School. In addition to the normal ascertainment before entry to the school, children whom the headmaster

considers could be sent back to the ordinary school are re-ascertained each term by the School Medical Officer. Several children have already been returned to the ordinary school.

The Ministry of Education has now sanctioned a secondary Day Special School in Cheltenham. A site has been selected and when the school is completed the Education Committee will be able to provide the full range of educational treatment for these children.

(5) *Diphtheria Immunisation*

The rate of diphtheria immunisation is beginning to rise again after a temporary fall due to the priority given to poliomyelitis vaccination over the last two years.

(6) *Dental Treatment*

The School Dental Service continues to function satisfactorily although one of the two full-time Dental Officers resigned during the year. The opportunity was however taken to alter the establishment to one Area Dental Officer and two School Dental Officers. At the time of writing, an Area Dental Officer has been appointed and will take up his duties on 1st May, 1961.

A part-time attendant is employed for two sessions per week, to attend children in the recovery room after an anaesthetic.

(7) *Orthopaedic Defects*

A Physiotherapy Clinic is available as part of the School Health Service. Children can be referred for exercise and ultra-violet light treatment. Progress is watched and children are re-inspected at school.

(8) *Speech Defects*

One full-time speech therapist is employed and regular sessions are held at the central clinic and in schools throughout the town.

(9) *Poliomyelitis Vaccination*

Poliomyelitis vaccination has continued throughout the year and the availability of vaccine has so improved that no vaccinations need be delayed due to lack of supplies.

(10) *Audiometry in Schools*

During the year audiometer testing of all school children in the borough who were 6 years of age continued and also includes any other children referred by head teachers. An organised programme is arranged and children in all primary schools have been tested. This has provided a very useful addition to the School Health Service.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

J. F. A. Smyth, L.D.S., R.C.S.Eng.

Several national or local events which occurred during the year are worthy of notice. The first sixty students started their course of training as dental auxiliaries at the General Dental Council's training centre at New Cross. The first stage in providing a Welsh dental school was reached with the official approval of such a school at Cardiff. The Dental Whitley Council negotiated an increase of $12\frac{1}{2}\%$ for all local authority dental officers, thereby diminishing the disparity between their remuneration and the earnings of general practitioners, for whom no immediate increase was recommended by the

Royal Commission. The British Dental Association issued a Memorandum on the Local Authority Dental Services, containing suggestions for their improvement. All these events may well have repercussions—to the advantage of the dental services for children, we must hope—in 1961 and 1962.

Locally, the decision was taken to advise the establishment in Cheltenham of the post of area dental officer, with the object of co-ordinating more fully the dental services for the Borough. 1960 was the first complete year of work of the dental health education officer, and it may be noted that at least one other authority has already followed the County's example. Several others are interested. A beginning was made in dealing with the problems raised by the school tuck shop.

Staff

The retirement of Miss MacKinnon, who had spent almost the whole of her professional life in the service, and the resignation of Mr Tucker, reduced the whole-time staff from 13 to 11 at the end of the year. This was partly offset by the appointment of two more part-time officers, bringing the total whole-time equivalent to 13.6, the same figure as 31.12.58, but one below that on 31.12.59. Taking the year as a whole, 609 more sessions were worked than in 1959, due to temporary whole-time and part-time appointments and more evening sessions. This is equivalent to an increase over 1959 of 1½ officers and represents an average staffing figure for 1960 of about 14 dental officers. While being grateful for all the help that can be obtained in meeting the dental needs of the school population, it must never be forgotten that a satisfactory service can only be established by continuity of service. Frequent staff changes destroy the confidence which must exist between dentist and patient. The great need is for young men and women who will make the local authority service their career. Their absence raises the crucial question—What is wrong with the service? Is disparity of remuneration the only reason? Certainly the time has come when we must again look critically at the set-up of the service as a whole, and remedy as far as possible any faults that may be disclosed.

Dental Clinics

Downend clinic was opened in September, replacing the one at Morley Road.

Re-arrangement of staff at 9 John Street, Stroud, enabled an additional surgery to be planned there, making a 3-surgery clinic in place of the proposed additional clinic in the Ebley-Cainscross district. The work was not completed during the year. Plans were approved for new buildings at Cinderford and Churchdown.

Inspection of Schools

TABLE A

	1956	1957	1958	1959	1960
Percentage of school population inspected					
(a) Routine	41	41	42	39	37
(b) Routine and specials	49	48	50	46	44
Percentage found to require treatment ...	79	79	77	77	80
Percentage treated of those offered treatment	69	61	63	60	61

It is disappointing that, despite the increase in average staff level, the percentage of the school population inspected was the lowest recorded for ten years. This is partly explained by Table B, where it can be seen that the amount of conservative treatment given per child increased sharply, and is partly due to the transfer of Mr Lane from Cheltenham Borough to the County area, and a resultant drop in numbers inspected in the Borough. Excluding the Borough, a higher proportion of the County school population was inspected than for several years.

The increased percentage of children found to require treatment does not necessarily mean that the incidence of decay is increasing. In 1958 and 1959 it was suggested that the steep rise in decay since 1948 had been halted. Clinical observation in most areas still supported this impression. The higher level of conservative treatment shown in Table B, with an improved ratio of teeth filled to those extracted and a diminishing number of extractions, is (at first sight oddly) linked with a higher number requiring treatment. This can be understood by realising that if all children had their teeth extracted and were fitted with dentures, virtually none would need further treatment. But the greater number of teeth conserved, the more teeth there are to suffer recurrence of decay. Until a substantial reduction in the incidence of this disease can be achieved (the prime aim of dental health education) the paradox obtains that the more conservatively the effects of the disease are treated, the more work will need to be carried out. In this connection Mr Pengelly (area Dental Officer) notes that "the lowest caries incidence was found in a residential school and a rural school where a tuck shop or confectionery shop was not available locally. In the residential school the new intake often has a high caries incidence but very little new caries develops. This is an enforced practical application of the dictum of not eating between meals, and shows the improvement that can be obtained. Treatment planning can also prevent new caries developing : a few well-planned extractions of deciduous teeth may well save adjoining permanent teeth."

Treatment

TABLE B
Treatment per 100 children treated

	1956	1957	1958	1959	1960
Fillings—					
Permanent teeth ...	170	172	174	172	196
Fillings—					
Temporary teeth ...	15	14	15	15	19
Total Extractions ...	154	151	135	133	128
Ratio of permanent teeth filled to permanent teeth extracted for caries ...	5.0 to 1	5.2 to 1	5.1 to 1	5.2 to 1	5.8 to 1

Observations on the welcome and steady reduction in extractions and the greater number of fillings have already been made. The number of fillings in temporary teeth is only a fraction of those required. Until dental auxiliaries are available, it will never be possible to devote the time required for a complete conservative service for the temporary dentition, with all its concomitant advantages of increased masticatory efficiency of younger children, and reduction of subsequent abnormalities requiring orthodontic treatment.

It was estimated that about 6% of the children requiring treatment were receiving regular and complete treatment from general practitioners. Many more go to their "own dentists" for an occasional extraction or filling.

Details not shown separately in Part IV are as follows :—

Dressings :	Permanent Teeth	...	...	3,010
	Temporary Teeth	...	...	524
	Silver Nitrate Treatments	...	...	329
	X-rays	...	...	2,265
	Scalings	...	...	473
	Teeth extracted with Local Anaesthesia			3,554
	Evening sessions (included in total)	...		190

Orthodontics

With a whole-time and a part-time orthodontist, the County is well served in this respect. Waiting lists for treatment have been kept down to a delay of weeks rather than months, to the advantage of all concerned. A new central system of referral enabled a check to be kept on delays in any area, and adjustments of the orthodontic programme to be made accordingly.

Both Mr Everard and Mrs Popplewell continued their session each week at Bristol Dental Hospital.

The statistics in Part IV show an increase over the previous year, except for cases discontinued. These were reduced from 83 to 48, or 7.5% of those under treatment. Of those discontinued, 8 were transferred to other authorities, one to a general practitioner, and 2 left school before completion of treatment. The main cause of discontinuance of the remaining 37 was failure to keep appointments or to co-operate generally. The number of fixed appliances increased from 39 to 104, and although these require a great deal of chairside time, the results obtained justify the use of these appliances in suitable cases. Twenty-five children were treated by extractions only.

General Anaesthetics

The arrangements were continued whereby medical anaesthetists attended these sessions wherever possible. The total number of sessions was reduced by 19 compared with 1959, and 277 out of 394 were attended by specialist or general practitioner anaesthetists, or (in Cheltenham) by a medical officer. (All figures are given as equivalents devoted to the school dental service).

X-rays and Photography

In view of the attention which has been drawn to the hazards of scattered and other radiation from X-ray machines, it was decided that all users should have a monitoring test provided by the Medical Research Council Unit. All machines had previously been fitted with a 2 mm. aluminium filter to reduce the "soft" rays. The result of this test showed that no member of the staff was receiving a measurable amount of radiation, and this result was particularly satisfactory in view of the very large number of X-rays taken by the Orthodontist for diagnostic purposes.

For clinical photography a Kodak technical close-up kit was purchased, which enabled excellent records to be obtained of cases of interest, and also increased the number of clinical slides available for dental health education.

Dental Laboratory

This continued to give most satisfactory service. In addition to the work shown in Table C below, a number of visual aids was made for the use of the dental health education officer in schools. The total of work carried out was the largest recorded.

TABLE C

<i>Orthodontic Appliances</i>	<i>Dentures</i>	<i>Repairs</i>	<i>Crowns</i>	<i>Study Models</i>	<i>Other Mechanical Operations</i>	<i>Total No. of Operations</i>
596	204	49	12	1469	33	2363

Dental Health Education

For the first time it was possible to arrange programmes of talks to classes in schools. Miss Ryley, the dental health education officer, visited 26 Primary and 9 Secondary schools, and gave 142 lessons in dental health. For this purpose she designed and made new sets of flannelgraph pictures suitable for the different age groups, and also used models and posters. Participation of the children in Primary schools was obtained by giving them outline pictures of teeth in which they coloured and named the various parts. In Junior departments a series of three lessons proved the most successful. These consisted of (a) simple dental anatomy, (b) the cause and spread of decay, and (c) the effects of different foods on the teeth, concluding with the three rules for dental health—no sweet and sticky things between meals, mouth rinsing after meals, and tooth-brushing at night. The co-operation and interest of teaching staff was greatly appreciated, and parental responsibility was not forgotten, talks being given to fourteen parent-teachers associations. As Miss Ryley reports, "There are encouraging signs that the general public is gradually becoming more aware of the extent and seriousness of dental disease at the present time and its consequences, particularly with regard to children's teeth. Teachers, in company with medical and dental staff, are playing a vital part in the dental health campaign in Gloucestershire. It is essential that parents should appreciate and accept their responsibility in this matter too. The choice is theirs ; either they encourage their children to look after their teeth by following good dental habits or they risk seeing them leave school with dentures."

A dental health exhibition was held at the 3 Counties' Show at Malvern. This was visited by a large number of school parties and individual children. Smaller exhibitions were held in conjunction with several local shows.

Sale of Biscuits and Sweets in Schools

In April a questionnaire was sent to all schools requesting details of the foods sold by them on school premises. The answers showed that the number of schools selling foodstuffs had almost doubled since 1957, and, whereas the "tuckshop" was originally a tradition of Secondary schools, many primary schools were now adopting the custom. Though not wishing to ban tuckshops, the Education Committee realised that the sale of such things as sweets and biscuits in schools contradicted the propaganda with reference to the incidence of dental decay. A letter from the County Councils' Association referring to this problem suggested substitutes such as fruit, crisps, nuts and raisins which were less harmful to teeth. Schools were circularised with this information and, as a result, a number of Heads decided to cease selling eatables altogether, and many more immediately began to cut down on the sale of sweet foodstuffs and increase their supplies of less harmful foods. The excellent and most helpful co-operation received from schools in this matter was

most encouraging. Many schools expressed interest in a scheme for selling apples, and by the end of the year this experiment had been put into effect in one area of the County, and plans for extending it in 1961 were well under way.

A generous free gift of apples to County schools by the Earl Fortescue was very much appreciated, and further encouraged the eating of apples instead of biscuits, cakes or sweets at break times.

It is realised that the sale of biscuits has often been introduced into schools in an effort to discourage children from bringing lunch packets consisting of unsavoury sweets, jam sandwiches, large slices of cake, etc. To help teachers with this problem special leaflets were printed for distribution to parents. The introduction of apples, crisps or nuts is another step forward in the campaign to encourage better dietary habits.

Conclusion

It will be seen that the year has been of interest in many ways, and has seen the start or development of much that should bear fruit in future years. The statutory obligation of the school dental service to provide a comprehensive inspection and treatment service was carried out insofar as dental manpower permitted, including a satisfactory orthodontic and oral hygiene service. At the same time, a great deal of thought and work was devoted to the wider aspects of the school health service—the prevention of disease. Decay of the teeth need not be a widespread scourge ; it is not due to infection or environment ; it is unnecessary and avoidable. But its prevention demands common-sense and a discipline on the part of parents and children, and continuing and increasing education is the only way to achieve it.

Reference must once more be made to the excellent co-operation of all concerned in the service. Without this co-operation of medical, dental, office, ancillary and teaching staff, the progress that has been made and the smooth running of the dental service would be impossible.

STATISTICAL TABLES

TABLE I
(a) Periodic Medical Inspections

	<i>Entrants (First Age Group)</i>	<i>12 years (Second Age Group)</i>	<i>14 years (Third Age Group)</i>	<i>Total</i>	<i>Additional Periodic Inspections</i>	<i>Grand Total</i>
County ...	5,275	2,478	4,913	12,666	1,332	13,998
Excepted District ...	1,121	984	938	3,043	1,370	4,413
Whole County ...	6,396	3,462	5,851	15,709	2,702	18,411

Included in the figures for additional periodic inspections referred to above are the examination of 8 year old pupils which is a routine examination in the Borough of Cheltenham.

(b) Other Medical Inspections

	<i>Special Inspections</i>	<i>Re-inspections</i>	<i>Total</i>
County ... Excepted District ...	1,183 54	13,743 1,276	14,926 1,330
Whole County	1,237	15,019	16,256

TABLE 2

**(a) Incidence of Defects Requiring Treatment
(per 1,000 periodic inspections)**

		1956	1957	1958	1959	1960
Visual Defects*	...	46.4	44.9	67.0	65.0	†109.0
Squint	...	6.3	7.0	10.3	14.4	14.6
Skin Conditions	...	7.1	8.2	13.5	14.9	13.7
Heart	...	1.6	1.0	1.7	1.5	1.2
Lungs	...	3.6	3.5	5.2	4.8	4.1
Hernia	...	1.2	1.1	1.1	1.0	1.1
Otitis Media	...	3.3	2.5	4.4	2.6	2.3
Posture	...	6.3	6.5	5.7	5.5	6.6
Flat Feet	...	9.9	11.5	19.0	21.3	16.6
		—	—	—	—	—
		85.7	86.2	127.9	131.0	169.2
		—	—	—	—	—

Children attending periodic inspections 32,080 29,306 22,237 18,991 18,411

*excluding entrants group

†the apparent increase in visual defects is not real, but due to a change in the method of classification

(b) Visual Defects (less Entrants)

		1956	1957	1958	1959	1960
Referred for treatment	...	1,488	1,317	1,488	1,194	1,308
Referred for observation	...	2,162	2,083	1,270	808	827
		—	—	—	—	—
		3,650	3,400	2,758	2,002	2,135
		—	—	—	—	—

Incidence per 1,000 periodic inspections 113.7 116.0 124.2 168.2 177.9

(c) Squint

		200	205	228	273	269
Referred for treatment	...	200	205	228	273	269
Referred for observation	...	297	287	142	172	326
		—	—	—	—	—
		497	492	370	445	595
		—	—	—	—	—

Incidence per 1,000 periodic inspections 15.5 16.8 16.7 23.4 32.6

TABLE 3
Height and Weight Survey for 1960

Ages	Number measured		Height (inches)		Weight (lbs.)	
	Boys	Girls	Boys	Girls	Boys	Girls
5 years ...	1,239	1,158	43.3	43.0	42.3	41.3
12 years ...	525	545	57.9	57.9	87.9	89.4
14 years ...	2,284	2,205	62.8	62.3	107.3	109.7
17 years ...	102	134	68.5	63.8	140.2	124.9

TABLE 4
Orthopaedic Treatment

(1) <i>Clinics</i>						
(a) Consultations :						
School children ...	...	...	...	3,008		
(b) Treatment, etc.						
Classes ...	...	...	...	457		
Individual ...	...	...	...	2,088		
Plasters ...	...	...	...	18		
				2,563		
(2) Children seen at school :						
Advice ...	...	...	...	251		
Treatment ...	...	...	...	128		
				379		
(3) Children seen at home :						
(a) Advice :						
First visits ...	...	...	...	229		
Subsequent visits ...	...	...	...	1,008		
				1,237		
(b) Treatment and Plasters :						
First visits ...	...	...	...	221		
Subsequent visits ...	...	...	...	1,447		
				1,668		

TABLE 5
Speech Therapy

Clinics held	...	...	...	...	...	...	1,194
Sessions for School Visiting/Clerical				...	...	...	584
Consultations	...	...	...	...	...	...	676
Treatments Given	...	...	...	...	...	...	6,086
Children Admitted	...	...	...	...	...	...	276
Children Discharged	...	...	...	...	...	...	287
Register, 31st December	...	...	...	...	...	...	630

Reasons for Discharge	Stammer Boys Girls	Stammer and Dyslalia Boys Girls	Dyslalia Boys Girls	Cleft Palate Boys Girls	Other Disorders Boys Girls	Total
Provisionally cured ...	17 —	6 —	89 37	2 1	7 7	166
Much Improved	10 3	3 —	23 12	2 —	3 2	58
Slightly Improved/ Unco-operative	— —	— —	8 3	— —	2 1	16
No Improvement	— 1	— —	1 1	— 1	1 —	5
Left District and School	7 2	— 1	21 5	1 —	1 4	42
Total ...	36 6	9 1	142 58	5 2	14 14	287

TABLE 6
Educational Subnormality

Year	Resi- dential Special School	Day Special School	S.E.T. in Or- dinary School	Normal (Ordin- ary School)	Referred to Mental Health Authority			Total No. of Examina- tions
					Ineduc- able	Inexped- ient to educate with other Children	For Supervi- sion after leaving School	
1945-50	461	17	187	96	257	1	41	1,060
1951	67	3	57	67	46	—	38	278
1952	92	19	52	32	53	—	37	285
1953	86	26	101	26	53	1	47	340
1954	131	122	172	32	54	1	52	564
1955	85	82	137	29	41	—	45	419
1956	99	81	147	19	50	3	77	476
1957	65	114	156	22	37	1	49	444
1958	63	132	167	11	33	—	68	474
1959	65	170	130	31	34	—	69	499
1960	71	194	246	28	34	—	30	603

In addition 26 children were examined during 1960 and considered not to require supervision after leaving school. There was, at the end of the year, a total of 132 children awaiting ascertainment.

TABLE 7
Cheltenham, Gloucester and County Child Guidance Clinics

		Boro'	County	City	Total
1. New Cases referred during 1960 :					
1. Court Cases	...	...	10	12	3
2. Independent Schools	...	...	4	3	4
3. Others	...	...	62	183	42
		—	—	—	—
		76	198	49	323
		—	—	—	—
2. New Cases Fully Diagnosed with Psychiatrists		54	159	28	241
3. Waiting list at beginning of 1960	...	...			82
4. Waiting list at end of 1960	...	...			29
5. Number of Cases Uneventuated in 1960	...				29
6. Ascertainment or Partial Diagnosis only with Psychologists and P.S.Ws.	...	...			68
7. Number that received Treatment, Coaching or Periodic Supervision	...	...			323
8. Number of Old Cases Re-opened in 1960	...				15
9. Total Attendances for 1960	...	...			3,343

10.	Failed Appointments	...	...	...	...		318
11.	Number of Cases Closed	...	...	...			113
12.	Number of Interviews :						
	(a) Dr Doherty (June to December)	...	165	654	87	906	
	Dr Coulsting (January to June)	...	15	25	3	43	
	Dr Smith (January to June)	...	2	45	35	82	
	Dr Kahan (March to June)	...	8	9	2	19	
	Dr Swinson (April to June)	...	—	22	—	22	
	(b) Educational Psychologist (1)	...	152	506	59	717	
	Educational Psychologist (2)	...	85	559	88	732	
	(c) Psychiatric Social Worker (1)	...	196	383	16	595	
	Psychiatric Social Worker (2) (January to mid-August)	...	26	174	25	225	
13.	Number of School Visits	...	27	143	10	180	
14.	Number of Home Visits	...	22	94	13	129	
15.	Cases Transferred :						
	1. Awaiting Placement in Maladjusted School	...	...	...		13	
	2. Awaiting Placement in Hostel	...				3	
	3. Placed in Maladjusted School	...				5	
	4. Placed in Boarding School	...				3	
	5. Placed in Hostel	...				14	
	6. Transferred for Hospital Treatment	...				6	
	7. Sent to Approved School	...				1	
	8. Placed in E.S.N. School	...				9	
	9. Awaiting Placement in E.S.N. School	...				14	
	10. Left District	...				3	
16.	Analysis of Fully and Partially Diagnosed Cases according to Predominant Symptoms :						
	(1) Nervous Disorders (including school phobia, anxiety, solitariness, excitability, depression, etc.)	...	...	...		32	
	(2) Habit and Physical Disorders :						
	(a) Stammering, etc.	...	...			3	
	(b) Night terrors	...	...			2	
	(c) Tics, etc.	...	...			2	
	(d) Feeding difficulties, vomiting, etc.	...				4	
	(e) Bedwetting	...	...			68	
	(f) Faecal Incontinence	...	...			6	
	(g) Nervous pains, headaches	...				17	
	(h) Fits—epileptic and hysterical	...				14	
	(i) Asthma, eczema, etc.	...	...			2	
	(3) Behaviour Disorders :						
	(a) Disobedience, tantrums, aggression, etc.	...	...	...		60	
	(b) Stealing	...	...	...		41	
	(c) Wandering and truanting	...				13	
	(d) Sex difficulties	...	...			4	
	(4) Psychotic Behaviour (withdrawal, hallucinations, delusions, bizarre behaviour, etc.)	...	...	...		6	

(5) Educational Difficulties (including mental retardation, reading and arithmetic difficulties, etc.)	...	...	...	29
(6) For I.Q. Only and Advice to Schools and Parents, etc.	...	...	...	6

(d) Not known (non-attendance, etc.)	...	...	...	...	...	...	5
Number of Interviews :							
Psychiatrist	...	...	...	...	...	...	1,142
Educational Psychologist	...	...	...	...	...	...	573
Social Worker (2 months)	...	...	...	...	...	...	94
Classification of Interviews :							
Clinic :							
Psychiatrist	...	...	...	...	...	...	1,142
Educational Psychologist	...	...	...	...	...	...	357
							<hr/>
				Total Clinic Attendances	...	...	1,499
							<hr/>
School Visits :							
Educational Psychologist	...	...	...	...	...	...	87
Home Visits :							
Social Worker (2 months)	...	...	...	...	...	...	94
Other visits and interviews :							
Educational Psychologist	...	...	...	...	...	...	129

1960 was an average one for cases referred and seen. The Clinic was handicapped by the absence of a social worker until November, when Mrs Gilbert took up her post. The Clinic moved from the old building in Morley Road to the new clinic in Downend, in June, and settled in satisfactorily and is looking forward to the use of the large playroom which is almost completed. The remainder of the Staff remains the same as in 1959.

TABLE 9
Mass X-Ray Examinations

<i>Miniature Films</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number Examined ...	418	697	1,115
Total Recalled for Further Examination ...	11	3	14
Did not attend	—	—	—
Normal	9	2	11
Significant	2	1	3
Being Investigated	—	—	—

<i>Tuberculous Conditions</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Active Tuberculosis	—	—	—
Inactive Tuberculosis	2	1	3
Under Observation	—	—	—

The following information has been supplied by the Chest Physicians responsible for the Chest Clinics in respect of school children found to be suffering from tuberculosis during the year.

Age Groups	Pulmonary		Phthisis	Meningeal	Miliary	Cervical Glands	Abdominal and Hip	Total
	Primary Complex and Sequelae							
5-9	3		—	—	—	1	—	4
10-14	19		3	—	—	1	—	23

Analysis of above cases

1. Mode of Diagnosis : Contact Pick-up	...	...	...	...	18
Mass X-ray examinations	.....	...	...	...	—
Hospital and others	...	...	...	...	2
General Practitioner	...	...	...	...	7 Total 27
2. Cases with a known source of infection	...	...	...	...	20

TABLE 10

Infectious Diseases

Children reported by head teachers as suffering from infectious diseases

	Disease				1960	1959	1958
Scarlet Fever	192	295	206
Diphtheria	—	—	—
Measles	485	2,656	1,217
German Measles	117	156	1,095
Whooping Cough	397	253	473
Mumps	1,722	1,316	1,169
Chicken Pox	1,959	2,130	2,371
Tuberculosis	9	—	—
Ringworm	14	17	24
Impetigo	75	67	117
Scabies	—	5	4
Others (Colds, etc.)	850	7,213	2,809
Total	5,820	14,108	9,485		

TABLE II

B.C.G. Vaccination

	1958			1959			1960			Grand Total 1954 to 1960
	County	Chelten- ham	Whole County	County	Chelten- ham	Whole County	County	Chelten- ham	Whole County	
No. of Schools concerned	30	10	40	50	11	61	59	11	70	70
Invited	3,508	954	4,462	6,880	1,052	7,932	6,382	1,181	7,563	36,455
Accepted	2,399	561	2,960	4,533	634	5,167	4,796	785	5,581	23,505
Tuberculin Tested	2,210	515	2,725	4,671	537	5,208	4,771	661	5,432	22,419
Positive	398	76	474	677	56	733	844	141	985	4,090
Negative	1,812	439	2,251	3,994	481	4,475	3,927	520	4,447	18,329
Percentage Positive	18.0%	14.5%	17.4%	14.5%	10.4%	14.1%	17.7%	20.3%	18.1%	18.2%
Vaccinated	1,804	439	2,243	3,978	481	4,459	3,852	520	4,372	18,172

TABLE 12 Deaths of Children of School Age

Children of school age (5-14 years) who died in the County in 1960, and the previous 3 years.

	Causes of Death	1960	1959	1958	1957
1.	Tuberculosis, respiratory	...	...
2.	Tuberculosis, other	...	...	I	
3.	Syphilitic disease	...	...
4.	Diphtheria	...	...
5.	Whooping Cough	...	...
6.	Meningococcal infections	...	...
7.	Acute poliomyelitis	...	...
8.	Measles	...	...		I
9.	Other infective and parasitic diseases	...		I	
10.	Malignant neoplasm, stomach	...	...
11.	Malignant neoplasm, lung, bronchus	...			
12.	Malignant neoplasm, breast	...	...
13.	Malignant neoplasm, uterus	...	...
14.	Other malignant and lymphatic neoplasms	4	4	5	I
15.	Leukaemia, aleukaemia	...	I	I	I
16.	Diabetes	...	...		I
17.	Vascular lesions of nervous system	...		I	I
18.	Coronary disease, angina	...	...
19.	Hypertension with heart disease	...			
20.	Other heart diseases	...	...
21.	Other circulatory diseases	...	...
22.	Influenza	...	...	I	2
23.	Pneumonia	...	5	3	I
24.	Bronchitis	...		I	2
25.	Other diseases of respiratory system	...	2	2	I
26.	Ulcer of stomach and duodenum	...			
27.	Gastritis, enteritis and diarrhoea	...			I
28.	Nephritis and nephrosis	...	I		I
29.	Hyperplasia of prostate	...			
30.	Pregnancy, childbirth, abortion	...			
31.	Congenital malformations	...	5	4	3
32.	Other defined and ill-defined diseases	...	3	4	4
33.	Motor vehicle accidents	...	8	6	8
34.	All other accidents	...	3	5	2
35.	Suicide	...	I		
36.	Homicide and operations of war	...		I	
	Totals	...	34	32	27

MEDICAL INSPECTION AND TREATMENT
Return for the year ended 31st December, 1960

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1961, 74,880.

Part I—Medical Inspection of pupils attending maintained primary and secondary Schools (including Nursery and Special Schools)

Table A—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	332	330	99.4	2	0.60
1955	3,216	3,194	99.32	22	0.68
1954	2,848	2,833	99.47	15	0.53
1953	487	486	99.79	1	0.21
1952	1,075	1,060	98.61	15	1.39
1951	169	168	99.47	1	0.53
1950	66	65	98.49	1	1.51
1949	164	164	100.00	—	—
1948	3,298	3,279	99.95	19	0.05
1947	183	182	99.48	1	0.52
1946	5,668	5,649	99.66	19	0.34
1945 and earlier	905	902	99.67	3	0.33
Total	18,411	18,312	99.47	99	0.53

**Table B—Pupils found to require treatment at periodic medical inspections
(excluding Dental Diseases and Infestation with Vermin)**

Pupils found at Periodic Inspections to require treatment for a defect are not excluded from Table B by reason of the fact that they were already under treatment for that defect. Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

<i>Age Groups Inspected (By year of birth) (1)</i>	<i>For defective vision (excluding squint) (2)</i>	<i>For any of the other conditions recorded in Part II (3)</i>	<i>Total individual pupils (4)</i>
1956 and later	12	55	61
1955	70	379	422
1954	90	390	440
1953	19	52	61
1952	120	220	312
1951	16	40	54
1950	3	16	18
1949	27	40	65
1948	387	376	693
1947	32	20	45
1946	569	494	984
1945 and earlier	157	87	229
Total	1,502	2,169	3,384

Table C—Other Inspections

Number of Special Inspections	...	...	...	1,237
Number of Re-inspections	...	...	...	15,019
Total	...	...	...	16,256

Table D—Infestation with Vermin

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	93,278
(b)	Total number of individual pupils found to be infested	...	...	...	...	642
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	209
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	—

Part II—Defects found by Medical Inspection during the year

Table A—Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants (T) (3)		Leavers (T) (5)		Others (T) (7)		Total (T) (9)	
		(O) (4)	(O) (6)	(O) (8)	(O) (10)				
4	Skin	66	193	89	189	97	112	252	494
5	Eyes—a. Vision ...	194	526	678	504	630	323	1,502	1,353
	b. Squint	148	138	31	47	90	41	269	326
	c. Other ...	31	48	17	44	44	41	92	133
6	Ears—a. Hearing	92	403	35	104	42	162	169	669
	b. Otitis Media	18	180	13	55	13	38	43	273
	c. Other ...	21	90	6	35	8	30	35	155
7	Nose and Throat	218	1,235	34	201	58	237	310	1,673
8	Speech	61	142	14	17	37	41	112	200
9	Lymphatic Glands	21	445	—	50	3	66	24	561
10	Heart	5	135	10	94	7	95	22	324
11	Lungs	32	343	19	131	25	152	76	626
12	Developmental—								
	a. Hernia ...	16	53	1	15	4	18	21	84
	b. Other ...	14	211	17	101	20	137	51	449
13	Orthopaedic—								
	a. Posture ...	14	95	70	277	37	178	121	550
	b. Feet ...	112	289	88	468	104	215	304	972
14	c. Other ...	110	411	70	163	60	112	240	686
	Nervous System—								
	a. Epilepsy ...	9	19	19	19	26	11	54	49
15	b. Other ...	3	65	1	31	9	32	19	128
	Psychological—								
	a. Development	3	105	74	197	97	230	168	532
16	b. Stability ...	10	228	11	55	24	85	45	268
	Abdomen	11	86	7	31	9	32	27	149
17	Other	29	158	14	83	15	76	58	317

Table B—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	<i>SPECIAL INSPECTIONS</i>	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	21	27
5	Eyes— a. Vision	181	191
	b. Squint	15	22
	c. Other	5	10
6	Ears— a. Hearing	43	72
	b. Otitis Media ...	2	14
	c. Other	4	3
7	Nose and Throat	17	76
8	Speech	10	20
9	Lymphatic Glands	6	25
10	Heart	1	17
11	Lungs	6	48
12	Developmental— a. Hernia	1	6
	b. Other	5	18
13	Orthopaedic— a. Posture	7	20
	b. Feet	11	23
	c. Other	22	35
14	Nervous System— a. Epilepsy	4	8
	b. Other	1	7
15	Psychological— a. Development	80	36
	b. Stability	11	33
16	Abdomen	3	17
17	Other	7	42

Part III—Treatment of Pupils attending maintained primary and secondary schools (including nursery and special schools)

NOTES :—This part gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

Table A—Eye Diseases, Defective Vision and Squint

					<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint					234
Errors of refraction (including squint) ...	...	...	...	...	4,951
Total	...	...	...	...	5,185
Number of pupils for whom spectacles were prescribed				...	2,326

Table B—Diseases and Defects of Ear, Nose and Throat

					<i>Number of cases known to have been dealt with</i>
Received operative treatment—					
(a) for diseases of the ear	...	...	...	...	32
(b) for adenoids and chronic tonsillitis	...	...	...	...	849
(c) for other nose and throat conditions	...	...	...	...	107
Received other forms of treatment	...	...	...	...	37
Total	...	...	...	...	1,025
Total number of pupils in schools who are known to have been provided with hearing aids—	...	...	...	...
*(a) in 1960 ...	...	...	...	...	17
(b) in previous years	...	...	...	...	III

*A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

Table C—Orthopaedic and Postural Defects

					<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments					1,475
(b) Pupils treated at school for postural defects	...				65
Total	...	...	...	...	1,540

Table D—Diseases of the Skin
(excluding uncleanliness for which see Table D of Part I)

							<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	...	...	...	...	...	...	3
(b) Body	...	...	...	...	...	...	15
Scabies	...	...	...	...	...	...	3
Impetigo	...	...	...	...	...	...	107
Other skin diseases	...	...	...	...	...	...	83
Total	...	...	...	...	...	...	201

Table E—Child Guidance Treatment

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics	...	...	...	570

Table F—Speech Therapy

					<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	...	...	...	...	757

Table G—Other Treatment Given

					<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	...	...	...	...	1,763
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	30
(c) Pupils who received B.C.G. vaccination	...	...	...	...	4,372
Total (a)—(c)	...	...	...	...	6,167

Part IV—Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—								
(a) At Periodic Inspections	...	...	...	...	...	...	...	27,169
(b) As Specials	...	...	...	...	...	...	...	5,374
						Total (1)	...	32,543
(2) Number found to require treatment	...	...	...	...	...	...	...	26,123
(3) Number offered treatment	...	...	...	...	...	...	...	23,420
(4) Number actually treated	...	...	...	...	...	...	...	14,221
(5) Number of attendances made by pupils for treatment, including those recorded at II(h)	...	...	...	...	...	...	...	37,370
(6) Half days devoted to :								
(a) Periodic (School) Inspection	...	...	...	...	...	...	...	278
(b) Treatment	...	...	...	...	...	...	...	6,098
						Total (6)	...	6,376
(7) Fillings : (a) Permanent Teeth	...	...	...	...	...	...	...	27,887
(b) Temporary Teeth	...	...	...	...	...	...	...	2,729
						Total (7)	...	30,616
(8) Number of Teeth filled : (a) Permanent Teeth	...	...	...	...	...	...	...	23,134
(b) Temporary Teeth	...	...	...	...	...	...	...	2,490
						Total (8)	...	25,624
(9) Extractions : (a) Permanent Teeth	...	...	...	...	...	...	...	4,659
(b) Temporary Teeth	...	...	...	...	...	...	...	13,616
						Total (9)	...	18,275
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	5,644
(11) Orthodontics : (a) Cases commenced during the year	...	...	...	...	...	...	...	272
(b) Cases brought forward from previous year	...	...	...	...	...	...	...	389
(c) Cases completed during the year	...	...	...	...	...	...	...	120
(d) Cases discontinued during the year	...	...	...	...	...	...	...	48
(e) Pupils treated by means of appliances	...	...	...	...	...	...	...	636
(f) Removable appliances fitted	...	...	...	...	...	...	...	570
(g) Fixed appliances fitted	...	...	...	...	...	...	...	104
(h) Total attendances	...	...	...	...	...	...	...	4,536
(12) Number of pupils supplied with artificial teeth	...	...	...	...	...	...	...	181
(13) Other operations : (a) Permanent Teeth	...	...	...	...	...	...	...	9,239
(b) Temporary Teeth	...	...	...	...	...	...	...	853
						Total (13)	...	10,092

Addendum to Table (v)

Dental Hygienist

Half days devoted to treatment	...	...	...	...	...	...	...	268
Attendances for treatment	...	...	...	...	...	...	...	I, 120
Scalings	...	...	...	...	...	...	...	336
Polishings	...	...	...	...	...	...	...	I, 115
Number of Medical Anaesthetic Sessions	...	...	...	...	...	...	...	277

SCHOOL CLINICS

Clinic			Address				Services
Berkeley	...	...	High Street	...	...	...	S
			Hospital	...	...	...	E, ENT, O
Bishops Cleeve	...	...	Tythe Barn	...	...	...	O
Bourton-on-the-Water			County Clinic, Station Road				O
			Moore Cottage Hospital				E
Bream	...	...	Whitecroft Road	...	...	...	S
Charlton Kings	...		Child Welfare Centre, London Road				O
Cheltenham	...	...	27 Cambray	...	...	...	O
			County Dental Clinic, 1 Royal Crescent				D
			33 St Luke's Road				CG
Chipping Sodbury	...	...	Ridgewood	...	...	...	D, E, O
Cinderford	...	...	17 Station Street	...	...	...	C, E, O, S
			Dilke Memorial Hospital				ENT
Cirencester	...	...	Watermoor Road	...	...	...	CG, D, S
			Memorial Hospital				E
Coleford	...	...	County Clinic	...	...	...	D, E, O, S
Downend	...	...	Buckingham Gardens				CG, D, S
Dursley	...	...	The Sandpits	...	...	...	D, E, ENT, O, S
Filton	...	...	Shields Avenue, Bristol, 7				D, E, O, S
Gloucester	...	...	Barrack Square				D, M, O, S
Kingswood	...	...	High Street	...	...	...	D
Lydney	...	...	Church Road	...	...	...	D
			Forest Road				S
			District Hospital				E, ENT, O
Moreton-in-Marsh	...	...	T.A. Site	...	...	...	D, S
			District Hospital				E
Newent	...	...	County Clinic, West Block, Newent School				O, S
Northleach	...	...	Oak House	...	...	...	O
Patchway	...	...	Rodway Road	...	...	...	CG, D, S
Soundwell	...	...	Soundwell Road, Kingswood				E, M, O
Stonehouse	...	...	Community Centre	...	...	...	O
Stroud	...	...	9 John Street	...	...	...	D
			Old Town Hall, The Shambles				CG, M, O, S
Tetbury	...	...	District Hospital	...	...	...	S
Tewkesbury	...	...	Old Grammar School (County Clinic)				O, S, D
			Hospital	...	...	...	E, O
Thornbury	...	...	Hospital	...	...	...	E, O, S
			County Dental Clinic, 6 Horseshoe Lane				D

Winchcombe	...	...	Nursery School	...	...	...	O
Winterbourne (Hambrook)			County Clinic (County School)			...	D, E, O
Wotton-under-Edge	...		Sym Lane	...	...	...	D, E, O, S
Cheltenham Excepted							
District	...	...	Central Clinic, Royal Well Road (rear of Municipal Offices)	...		...	D, M, O, S

Index to Services

CG	...	Child Guidance	D	...	Dental
E	...	Eye	ENT	...	Ear, Nose, Throat
M	...	Minor Ailments	O	...	Orthopaedic
S	...	Speech			

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